



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. : 10/659455 Conf. No.: 4910
Applicant : Brain
Filed : September 10, 2003
TC/A.U. : 3743
Examiner : Patel, Mital B.

Docket No. : 108195-139US1 (LMA-20)
Customer. No.: 23483

Title: INTUBATING LARYNGEAL MASK AIRWAY DEVICE WITH FIBER OPTIC ASSEMBLY

CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Date: 10-25-05

By: 
Melissa Diaz

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Please find below:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks, which begin on page 13 of this paper.

10/27/2005 MBIZUNES 00000025 080219 10659455

01 FC:2202 200.00 DA
02 FC:2201 200.00 DA

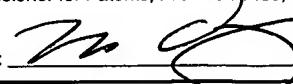


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AMENDMENT TRANSMITTAL LETTER				Docket No. 0108195.00139US1	
Application No. 10/659455-Conf. #4910		Filing Date September 10, 2003		Examiner M. B. Patel	
Applicant(s): Archibald I. BRAIN					
Invention: INTUBATING LARYNGEAL MASK AIRWAY DEVICE WITH FIBER OPTIC ASSEMBLY					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	41	- 33 =	8	x 25.00	200.00
Independent Claims	9	- 7 =	2	x 100.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					400.00
<input type="checkbox"/> Large Entity			<input checked="" type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 08-0219 in the amount of \$ 400.00 . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 08-0219 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dated: October 25, 2005					
Richard A. Goldenberg Attorney Reg. No.: 38,895					
WILMER CUTLER PICKERING HALE AND DORR LLP 60 State Street Boston, Massachusetts 02109 (617) 526-6548					

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 25, 2005

Signature:  (Melissa Diaz)